1-30-04

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06/16/2004

KLAUS J. BACH & ASSOCIATES PATENTS AND TRADEMARKS 4407 TWIN OAKS DRIVE **MURRYSVILLE, PA 15668**



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(Depositor's name)	K. Bach
(Signature)	K. Baile
(Date)	7-29-04

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR			ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/684,130	10/10/2003	Lambert Feher		K 214	1294	
TITLE OF INVENTION: P THE DEVICE	MICROWAVE DEVICE FO	OR DE-ICING, OF	R KEEPING	HOLLOW BODIES FREE FI	ROM ICE AND METHOD F	OR THE OPERATION OF
APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665		\$300	\$965	09/16/2004
EXAM	MINER	ART UN	ІТ	CLASS-SUBCLASS		
LEUNG,	PHILIP H	3742		219-687000	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.			names of agents Ol firm (hav agent) an	nting on the patent front page of up to 3 registered patent at R, alternatively, (2) the name ing as a member a registered d the names of up to 2 registered or agents. If no name is listeriated.	of a single attorney or tered patent	is J. Bach
PLEASE NOTE: Unless	ed to the USPTO or is being :	low, no assignee d submitted under se	ata will appe parate cover.	T (print or type) ar on the patent. Inclusion of a Completion of this form is NO CE: (CITY and STATE OR CO	T a substitute for filing an ass	ate when an assignment has ignment.

Please check the appropriate assignee category or c	ategories (will not be printed on the patent);	☐ individual	corporation or other private group entity	☐ government				
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✓ Issue Fee	☐ A check in the amo	☐ A check in the amount of the fee(s) is enclosed.						
Publication Fee	☐ Payment by credit	☐ Payment by credit card. Form PTO-2038 is attached.						
☐ Advance Order - # of Copies	The Director is he Deposit Account Nur	The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).						
Director for Patents is requested to apply the Issue	Fee and Publication Fee (if any) or to re-apply	any previously j	paid issue fee to the application identified abor	ve.				
(Authorized Signature)	(Date)	[

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